

multiple arthritis, chorea, or heart disease might light up again. Nodules, purpura, erythemas, and psoriasis are also found in association with both true and scarlatinal rheumatism. Both diseases are benefited by salicylates. In children, scarlatinal as well as rheumatic arthritis is frequently followed by valvular heart disease. In adults, in both types, the arthritis is a more prominent feature than the cardiac involvement. Poynton is inclined to believe that more thorough bacteriological investigation will show a close relationship between the streptococci isolated in scarlet fever and *Micrococcus rheumaticus*.

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**Remissions and Recovery in Tuberculous Meningitis.**—MARTIN (*Brain*, 1909, xxxii, 209) has made a critical study of the reported instances of remissions and of recovery in tuberculous meningitis. Disregarding a number of cases in which the correctness of the diagnosis was probably but not absolutely certain, there were 7 cases in which remissions occurred and in which the clinical condition was proved. In 3 of these instances postmortem examinations showed an old, healed tuberculous meningitis. In 2 the diagnosis was made by the development of tuberculosis in a guinea-pig injected with the spinal fluid. In one the inoculation test was positive, and tubercle bacilli were found in a smear of the spinal fluid. In one case the inoculation test, autopsy, and the presence of a tubercle of the choroid all helped to establish the diagnosis. These patients were all children. The remissions varied from four months to two and one-half years in length. There were 22 cases classed as recoveries in which the diagnosis was certain. In 7 of these tubercle bacilli were demonstrated in the spinal fluid. In 7 cases the inoculation of guinea-pigs was positive. In 3 cases autopsy showed the old tuberculous lesion. In 1 case the bacilli were found in the fluid, and later the old lesion was found at autopsy. In one case both examination of the fluid and inoculation were positive. In three instances the diagnosis was made very certain by the presence of tubercle of the choroid. In none of these cases was there, so far as is known, any recurrence of the meningitis. Martin calls especial attention to the liability of confusion of tuberculous meningitis with "meningism" occurring during the course of infectious diseases and intoxications, and serous meningitis in which there is an exudation of serum into the subarachnoid space, but in which the symptoms are usually less marked. In making the diagnosis of tuberculous meningitis he would rely only on the demonstration or cultivation of tubercle bacilli from the spinal fluid, and on the inoculation test. The presence of a lymphocytosis in the spinal fluid is of less value, for it may occur in other diseases, and some few cases of tuberculous meningitis may show a polynuclear leukocytosis. It is important that a healed lesion of the meninges may form a starting point of a fresh, fatal infection. The treatment in the cases which recovered was so varied that it offers no direct indications.

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**A Bacteriological Study of Poliomyelitis.**—POTPESCHNIGG (*Wien. klin. Woch.*, 1909, xxi, 1334) reports a bacteriological study of 14 cases of recent poliomyelitis. Particular attention was directed to the cerebrospinal fluid obtained by lumbar puncture. In all of the cases

there was constantly present a Gram-positive coccus, usually arranged as a diplococcus, at times as a tetracoccus. The organism was present in small numbers in the fresh fluid. Bouillon tubes to which 1 to 2 c.c. of fluid was added showed a luxuriant growth after one to three days in the incubator. Round, yellowish-white colonies developed on agar plates which were inoculated with the spinal fluid. In these colonies the Gram-positive coccus was present in pure culture. Only once did the organism grow on blood serum. Whether this organism is identical with the others which have been described, whether it is the cause of poliomyelitis, and what its relations are to the meningococcus have not been determined. In one case of poliomyelitis the same diplococcus was cultivated from the blood one day after the onset. A more detailed account of this microorganism will appear later.

**The Prognosis and Treatment of Pellagra.**—In a general review of the subject, LAVINDER (*Public Health Reports*, 1909, xxiv, No. 37) concludes that the prognosis in all cases is grave as to final and complete recovery. The average mortality, founded on asylum reports is 67 per cent. He believes that the earlier the diagnosis is made and treatment begun, the better the outlook. The chronic type of the disease is the more hopeful. Acute manifestations, fever, mental involvement, nervous disturbances, moist, extensive erythemas, progressive emaciation, especially if accompanied by inveterate diarrhoea, all increase the gravity of the prognosis. The same is true of such complications as malaria, bronchitis, pneumonia, nephritis, intestinal parasites, etc. In considering treatment the most important factor is prophylaxis, and here general hygiene plays the major part. He believes that good corn is wholesome, but points out the difficulty in differentiating it from harmful corn, and urges that it be admitted into the dietary of institutions, such as insane asylums, only with the utmost caution. Among drugs arsenic has given the best results. The newer preparations, atoxyl, first recommended by Babes, arsacitin, and soamin, have been tried, but Lavinder inclines to favor the use of Fowler's solution. He states that the combination of atoxyl with arsenic trioxide, which has been recently advocated by Babes as giving brilliant results, has not proved efficacious in the cases observed by himself.

**Tubercle Bacilli in the Blood.**—SCHNITTER (*Deut. med. Woch.*, 1909, xxxv, 1566) has examined the blood of tuberculous patients for tubercle bacilli. By means of animal inoculation it has been amply demonstrated that the blood and organs of patients dead of pulmonary tuberculosis or general miliary tuberculosis may, and usually do, contain tubercle bacilli. Schnitter has used the method proposed by Staubli, in which the blood is withdrawn from a vein (1 to 2 c.c.) and immediately placed into ten to fifteen volumes of 3 per cent. acetic acid. The whole is centrifugalized, and smears are made of the sediment and stained in the usual way. Of 34 cases of pulmonary tuberculosis examined in this way, 10 showed tubercle bacilli in the blood. Eight of the positive cases represented severe, advanced stages of the disease, while 2 positive results were obtained in patients in the second stage (according to Gerhardt-Turban). In one case of tuberculosis of the testicles and